



In-Office Policies and Fee Schedule - Effective: 01 January 2019

Please read each section very carefully and if you have questions or need clarification please ask Dr. Ettinger at the time of your initial consultation.

Please sign at the bottom and initial each section.

POLICIES

It is important to read all the enclosed information carefully. If possible please mail, or scan and email to (info@advancedhealing.com), all of your forms/labs/tests to my office as soon as you can. This will help Dr. Ettinger to help you in a more efficient and timely manner.

Please note that Dr. Ettinger is not acting as your primary care physician. Dr. Ettinger is merely a private health consultant. Dr. Ettinger can also be your chiropractor or both. As a result, Dr. Ettinger does not address urgent care or primary care issues. Dr. Ettinger recommends that you have a current primary care physician (PCP). If you have a serious health problem that requires immediate attention, you should call 911 or have someone take you to the nearest hospital emergency room. **Initial**_____

FEES - Chiropractic and Natural Health Consultations are separate services and have separate fee schedules.

Your initial natural health consultation will last either 60 or 90 minutes, depending on complexity of issues to be gone over. This will include: a review of all records and lab tests; preparation/research for your initial consultation, consultation, and time for questions. This consultation will include recommendations and modifications to your lifestyle. Due to unforeseen circumstances everything may not be covered or finalized on your initial visit. A second appointment may be needed to complete your initial consultation, review of labs, and protocol recommendation. **Initial**_____

Natural Health Consultation Fee Schedule (credit card rate) None CC Rate

- **60 Minute, Initial Consultation Fee: \$350** **(\$315)**
- **45 Minute, Initial Consultation Fee: \$264** **(\$238)**
- **30 Minute, Follow-up Consultation Fee: \$176** **(\$158)**
- **15 Minute, Follow-up Consultation Fee: \$88** **(\$80)**

Chiropractic Initial Exam and Adjustment Fees:

- **Adults \$55 per visit**
- **Children 14 and under \$40 per visit**

630 S. GLASSELL ST. #103 | ORANGE, CA 92866
714-639-4360 | FAX: 714-639-8811

WWW.ADVANCEDHEALING.COM | INFO@ADVANCEDHEALING.COM



CONFIRMATION, CANCELLATION AND NO-SHOWING OF APPOINTMENTS

The following cancellation/rescheduling policy was created in order to protect the large blocks of valuable time that are allowed for each consultation, and to be fair to those people on waiting lists who would like a consultation. Please read the policy carefully so there will be no misunderstanding. There is a 48 hours (2 day) Cancellation or Rescheduling policy. The 48 hours includes business days only, and excludes the weekends, so that a Wednesday appointment needs to be cancelled by Monday. Dr. Ettinger reserves the right to charge your credit card the full amount of the visit if it is not canceled or rescheduled before this 48-hour deadline. You may cancel or re-schedule one appointment with no penalty. **Initial**_____

IMPORTANT: (each point needs to be initialed)

- (1)** If you cancel without rescheduling, before your recommended care is complete, you will be discharged from having any future consultations with Dr. Ettinger. **Initial**_____
- (2)** You will receive both an email and text message reminding you of your appointment. If you no show for an appointment without rescheduling you will be discharged from having any future consultations with Dr. Ettinger. **Initial**_____
- (3)** If you are discharged and would like an outside referral to a recommended practitioner, please contact the office. Up to three referrals will be provided to you. Your forms and supplement list will be forwarded to the practitioner of your choosing. **Initial**_____
- (4)** I'm aware that Dr. Ettinger can't assume the liability for my healthcare if I choose to self-diagnoses, self-treat or self-determine when my original health concern(s) is resolved, stabilized, handled..., especially without a proper follow-up consultation and follow-up lab (blood) testing. **Initial**_____

LATE ARRIVAL APPOINTMENTS

Dr. Ettinger is committed to being on time for your appointment. If you arrive late to the office for your consultation, your pre-booked time will end at the scheduled time and you will be charged for the length of the scheduled consultation. **Initial**_____

FOLLOW-UP APPOINTMENTS

Typically, in the beginning of your care, you are seen for the initial visit and seen shortly thereafter, to measure treatment response and/or modify your continued care program. Dr. Ettinger will provide you with the expected follow-up time at your appointment based on your individual needs and protocol. Generally, the goal of treatment is to help resolve current concerns and provide you with the knowledge for better self directed health care. Once your health is stable and you are thriving Dr. Ettinger commonly recommends proactive check-ups 2-4 times a year, though most patients choose to continue with monthly appointments. **Initial**_____



PAYMENT OPTIONS

When you schedule the initial consultation, we request a credit card on file to hold the appointment for you. In addition, it is important to maintain an active credit card on file with our office for billing of follow-up consultations. No charges will be applied to your credit card unless you miss or cancel an appointment without proper notice (see Cancellation Policy). On the day of your scheduled appointment, any charges will be itemized and payment is due on the day of service. **Initial**_____

MEDICAL RECORDS

Medical records can only be released with your authorization. It is your responsibility to obtain previous medical records from other physicians or health care providers that you wish me to review. If you feel your medical records are pertinent to your appointment with me, please contact your physician or other health care provider to obtain these records and make sure that we have received them at least 5 days prior to your initial appointment. **Initial**_____

Your records can be mailed to: Marcus Ettinger 630 S. Glassell St #103, Orange, CA 92866 or faxed to 714-639-4360.

INSURANCE INFORMATION

Dr. Ettinger does not accept health insurance and is not a Medicare provider. Dr. Ettinger does not assist in the resolution of insurance claims. Dr. Ettinger will provide you with a "superbill" which you may submit to your insurance carrier. Submission of the "superbill" is not a guarantee of reimbursement from your insurance carrier. **Initial**_____

PHONE CALLS & E-MAIL (It's very important to review this, as fees may apply)

Please review my phone and email policies here - <http://www.advancedhealing.com/new-email-phone-call-policy/> **Initial**_____

PLEASE NOTE THAT THIS OFFICE DOES NOT TAKE MEDICAL EMERGENCY CALLS!

If you have a medical emergency, call 911 or go directly to the nearest emergency room.

SUPPLEMENTS

You will be able to purchase most, if not all, of your supplements from Dr. Ettinger. There is no obligation, however, to purchase supplements through Dr. Ettinger. Overseas clients will need to do their own product sourcing, which can make it challenging to implement health plans at times, so please be aware of this. **Supplements, once sold, cannot be returned for a refund.**

Dr. Ettinger will mail supplements if needed, for a fee. Once mailed you will receive a USPS tracking number. Once a product is mailed Dr. Ettinger accepts no liability for its future whether

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lost, stolen or damaged. Dr. Ettinger will not refund or replace for free any lost stolen or damaged product, once it is mailed. **Initial**_____

RECORDING APPOINTMENTS

Electronic recording of appointments and/or conversations with Dr. Ettinger is strictly prohibited, unless prior approval is obtained.. It is illegal and unethical to record a medical appointment without the knowledge of the medical provider. If such recording takes place, legal action may be taken. **Initial**_____

I have read all of the above information regarding the policies and fees. I have had an opportunity to ask questions. I understand that I may receive a copy of this document if I choose. By signing below I agree and understand the above policies and fees.

Name: _____

Address: _____

City: _____ Zip Code: _____

Cell:(_____) _____ Email: _____

Date of Birth: ____/____/____

Date: _____

Signature: _____